WOMEN'S ALCOHOL & DRUG PROGRAM SERVICES TECHNICAL ASSISTANCE TRAINING SERIES

The Healing of Hearts

American Indian Women in Recovery

By Rose Vazquez

CWCADD

CALIFORNIA WOMEN'S COMMISSION ON ALCOHOL AND DRUG DEPENDENCIES

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The Women's Technical Assistance and Training Project is designed to help California's providers of alcohol and drug program services develop, implement and improve services for women, including services for pregnant and parenting women.

The California Women's Commission on Alcohol and Drug Dependencies is a statewide, nonprofit membership organization dedicated to the prevention and reduction of alcohol and other drug related problems among women, their families and their communities. CWCADD accomplishes this mission through education, advocacy and community organizing.

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Foreword

This is one of a series of training booklets developed by the California Women's Commission on Alcohol and Drug Dependencies (CWCADD) to meet contract requirements for the State of California, Department of Alcohol and Drug Programs. Topics covered in the series are those that have been found to be common issues among many service providers. Specifically, this booklet was developed in response to the fact that there is little information or resources available about the issues and needs of American Indian women with alcohol and drug problems.

The opinions expressed are those of the authors and consultants who have developed and used these materials in response to requests for technical assistance and training from women's and perinatal alcohol and other drug treatment and recovery programs. These authors were selected because they have had first-hand experience with the issues covered.

It is hoped that this booklet will help improve the capacity or programs to better support the recovery of American Indian women.

Laurie Drabble,
Executive Director
CWCADD

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Dedication

This booklet is dedicated in loving memory of Melvin Ahhaitty
and to Christina Tarango, my mother, for her love and support.

Rose Vazquez

Introduction

The American Indian people of California are culturally heterogeneous. There are more than 500 federally recognized tribes and an additional 200 non-federally recognized tribes. Today, American Indian people speak more than 200 different languages and practice many different traditions. There are communities, villages, and bands that are geographically dispersed in both urban and rural settings. American Indians are often separated from their cultures either voluntarily or involuntarily. Every American Indian may not identify with being American Indian. Acculturation and bicultural identity add to the diversity of this population. Bicultural American Indians may be members of a predominately white community or other racial/ethnic communities. For example, some American Indian people identify and associate with the African American community and some American Indian teenagers identify with Latino gangs or groups.

One significant barrier to clearly defining and developing models for addressing the many problems that affect the American Indian community involve problems with accurate statistics and other data on American Indians. Often statistics are generated using an inappropriate methodology which significantly under-counts American Indians. For example, social service studies at the state and local levels often neglect to include American Indians on data collection instruments. In addition, studies frequently collapse American Indians into an "other" category along with non-American Indians. Therefore, American Indian people are often an "invisible minority." The resulting lack of statistics creates a misconception that service systems do not need to address the needs of American Indians. This also affects the American Indian community's ability to compete for resources.

The 1990 census also undercounted American Indians.[1] The 1990 census acknowledges a 5 percent undercount; however, the American Indian community estimates a larger error rate as evidenced in cities such as Los Angeles where the 1990 census estimates 45,508 as compared to the American Indian community's estimate of at least 90,000. (Los Angeles has the largest urban American Indian population.) There are a number of factors that contribute to the undercount. For example, the Bureau of the Census established that Latino origin takes precedence over race, thereby decreasing the American Indian count to 29,159 for Los Angeles. The result is that Departments such as the Department of Labor base funding on numbers that remove American Indians with Latino origin and lead to severe underfunding to meet the needs of the American Indian community. (1990 Census of Population, General Population Characteristics, California, Section 1 of 3). The census count for American Indians in the state of California is 242,164; this is the second largest concentration of American Indians in the United States. California is also the third highest state in relation to Indian population growth (19 percent) with over 95 percent of the Indian population having migrated from out of state.

American Indian communities throughout California, though diverse, suffer from many common problems. By all indices, American Indians are among the most impacted on every scale when compared to other ethnic groups regarding resources to address alcohol and other drug abuse, housing, health, education, income, youth problems (e.g., school

dropouts), and problems among the elderly. Although the scope of this booklet does not allow for all of these issues to be discussed in their entirety, it provides a framework for understanding the issues of concern in serving American Indian Women. These issues are reviewed in the context of the history, roles, culture, problems and alcohol use of American Indian women. In addition to the discussion of these issues, there are a number of recommendations that are offered to assist providers serving this population.

Although American Indian people are diverse, they hold many commonalities very close to their hearts. Women's traditional role often is at the center of the family and community. Women are generally the caretakers, responsible for sustaining the home and ensuring that all is at peace within the home. The birth of a daughter is revered in some tribes more than that of a son because of the knowledge that the daughter can continue the circle of life by giving birth. The social status of American Indian women increases with age. Older women's experiences and wisdom are respected; their opinions regarding tribal history, herbal medicine and sacred matters are highly valued. Women's elders' perspective on caring for others expands so that their caretaking role can extend beyond the immediate family to the tribal community at large (Landerine, 1992).

This booklet is designed to provide a foundation for planning, referring, and delivering prevention and recovery services to American Indian women who are experiencing alcohol problems. The document examines historical and cultural factors impacting American Indian communities, families, and specifically women. This booklet is intended to be used as a guide in examining the issues facing American Indian women seeking assistance. It discusses promising approaches in designing cultural and gender-appropriate services for this group.

Chapter One

History and Overview

American Indian people have a very rich and diverse history. Unfortunately, much of the history in the last 500 years has also been full of trauma – the repercussions of which are still visible within everyday life.

Scientists believe that human history in North America began between 11,200 to 10,900 years ago. The people of the earliest times are referred to as Paleo-Indians. At the end of the Paleo-Indian period, the time period was known as the Archaic which was about eight thousand years ago and stretches to about three thousand years ago depending on the region. Following the Archaic a wide variety of distinct cultures developed, defined by different regions. By the time Europeans came to the shores of North America, there were several different American Indian cultures that had already existed in every region of the continent for thousands of years. North America was not vacant or untouched by humans as early Europeans or some current historians believe (Champagne, 1994).

Over the past 500 years, American Indian people have found themselves in the position of having made enormous concessions of land and resources in exchange for unfulfilled promises of enduring rights and benefits. American Indian people were forced from their land and livelihood after they were coerced into signing treaties. The treaties placed them on "Indian reservations," which restricted freedom, created unwanted supervision and undermined the economic, cultural and spiritual foundation of American Indian tribes. The reservations were usually located in areas without game for hunting, fertile soil for agriculture or a constant water supply. Often, one dripping spring was the only water source for an entire tribe. The United States government often broke the treaties they signed and left the American Indian people without any way to sustain their lives.

After the United States government nearly exterminated American Indian people as a group, they began to force acculturation primarily through religion and education. This happened in two ways: outlawing the practice of American Indian religion and indoctrinating American Indian children into boarding schools and non-Indian foster and adoptive homes.

The outlawing of the practice of any aspects of American Indian religion, spiritual dances, or healing practices, in the late 1800s was in direct violation of the United States Constitution. This was allowed because American Indians were not considered United States citizens until 1924 so they were not protected by the Constitution. Because the United States Army could not distinguish between the purpose of spiritual dances and other ceremonial dances of tribes (e.g. dances related to young people coming into adulthood), all traditional dances practiced by American Indian people were outlawed. The enforcement of these laws left American Indian people without any hold on their identity or themselves as a people.

American Indian children were taken from their homes and placed in government boarding schools as early as the 1700s and 1800s for off-reservation boarding schools and in the later 1800s for on-reservation boarding schools (Champagne, 1994, 855-868). These children, who previously did not speak English, were restricted from speaking their native languages. They were forced to cut their hair and were prohibited from participating in or

discussing cultural activities. They were unable to practice their traditional religion and were forced into Christianity. American Indian children were not only restricted, but were often beaten for lack of conformity.

Throughout the late 1800s and early 1900s there were many shifts in policies and laws that affected American Indians. The Dawes Act of 1887, also called the General Allotment Act, was passed. The effect of this legislation was to break up the reservations into individually owned land parcels. Lands remaining after this division were declared "surplus" and sold to non-Indians, thereby greatly decreasing American Indian holdings. American Indian people lost much of the control and ownership of more than half of their land holdings between the Dawes Act in 1887 and the Indian Reorganization Act in 1934.

The Indian Reorganization Act in 1934 gave increased power of choice to tribes and included provisions for tribal constitutions and business corporations. Tribes gained the power to decide the disposition of tribal property. Tribes were also authorized to take control of their resources, employ legal council and negotiate with federal, state and local governments.

During the 1940s and 1950s, many American Indians were compelled to move into urban areas as a result of Public Law 959. This legislation decentralized federal trust responsibilities and provided states with control over resources that were allocated to local American Indian Tribes. The effect of this policy was an increase in poverty and unemployment on the reservations, which forced many American Indian people to look for a means of survival in urban environments. The relocation policy promoted in Public Law 959 included promised funds for job training in the cities; however, underfunding and inadequate programming left many American Indians without resources and ineligible for federal assistance. Many of these people stayed in the city because they no longer had homes to go back to or because unemployment in their communities was so high that they would not have been able to survive. Consequently, American Indian people were forced to assimilate or face high unemployment and extreme poverty.

The United States has a historic federal trust relationship with Indian nations that has existed for over two centuries. Presently, the law states that the U.S. is responsible for protecting Indian lands and resources and for providing social services such as health and educational benefits. Non-Indians have difficulty understanding the federal trust obligation and responsibility to American Indian people. While Indians are eligible for services, these services are not charity or welfare. Tribes negotiated arduously and often unwillingly for these benefits. Although these services are available, the American Indian community still suffers from inadequate services, unmet needs, and underfunding. This federal trust responsibility has not extended to urban areas where over 60 percent of the American Indian population reside. The result is homelessness, unemployment, mental health/health problems, and a whole array of hardships that impact the American Indian community negatively.

Effects of Historical Trauma

The high prevalence of alcohol and other drug abuse among American Indians has been attributed to many different causes. Theories range from the biological (e.g., Indians are genetically different) to the psychological (e.g., Indians drink because of low self-esteem, anxiety, frustration, boredom, powerlessness, isolation) to the socio-cultural or environmental (e.g., Indians drink as a response to cultural disruption, acculturation, deculturation, government paternalism, depravation, lack of aboriginal exposure to alcohol, peer pressure). Other environmental factors tie into history, including the introduction of alcohol by Europeans, in large part as a tool for obtaining signatures on treaties and the related use of alcohol among American Indians as a way to self-medicate in response to the trauma of European invasion.

This author, and other experts, believe that biological, psychological, and socio-cultural factors all have a role in the etiology of alcoholism among American Indians. In addition, the current pattern of drinking among American Indians has also evolved from the deterioration of families, tribes and communities. This deterioration helps to create or exacerbate a number of socio-cultural, environmental and biological factors including: federal policy, identity conflict, social pressure, loss of clear roles, and exposure to alcohol at a very early age among family members. In addition to these factors, there are often few or no familial or community sanctions against drinking.

One study suggests that boarding schools contributed to a high incidence of social and emotional disturbance among American Indians (Bergman, 1977). Since these American Indians were not exposed to the appropriate parenting skills, as adults, they were unable to pass on parenting skills to their children. This set a pattern which has been in place for generations. Many of those who work in American Indian communities believe that addictive behaviors are, at least in part, a direct result of the boarding school experience. These ancestors were conquered, traumatized, deprived of their identities and never taught to love or to express themselves appropriately. Many of them turned to alcohol and other drugs which exacerbated the problem. Their children, in turn, were not provided with what they needed, which perpetuates a cycle of addiction and abuse that continues through their children until the cycle is broken.

Relocation to reservations, boarding schools and urban areas has had a profound negative effect on the psychological well-being of American Indian people and has led to increased psychopathology and alcohol/other drug use among this population (Handal & O'Sullivan, 1989). Relocation has also been a factor in increased mortality rates and health problems related to physical and psychological distress. In addition, American Indian people have experienced a cultural identity crisis, acculturation and increased dependency upon the federal government.

Alcohol and American Indians

As mentioned above, alcohol was introduced to American Indians by the Europeans. It was used to intoxicate American Indians, altering their judgment, for the Europeans' gain. Many Europeans saw times when an American Indian was in a stupor caused by alcohol as good times to secure signatures on treaties. Because alcohol was new to American Indians, leaders were unable to anticipate the negative impacts drinking would cause. In many respects, liquor is seen by some as one of the earliest forms of chemical warfare used against American Indians by Europeans and later, fur traders and settlers.

American Indian people turned to alcohol as a means of escape and to cope with the continual losses of culture, lands, identity, language and families. In addition, American Indian cultures often inadvertently encouraged drinking by forgiving negative behaviors a person engaged in during drinking.

Today, alcoholism is the most critical health, social, economic, cultural, and political issue among American Indians (McCoy, Nelson, Stetter, & Vanderwagen, 1992). Nearly all American Indians are affected by the abuse of alcohol, either their own or a family member's. In addition, American Indians have some of the highest reported frequency of problems associated with drinking.

The Indian Health Service reports that 85 percent of all treatment services they provide are alcohol-related (Indian Health Service, 1991). Data for areas and tribes served by the Indian Health Service indicate that the top five causes of death among American Indian people are directly related to alcohol abuse; they include alcoholism, homicide, cirrhosis, suicide, and accidents.

It appears that American Indians are disproportionately impacted by alcohol-related problems. The Department of Health and Human Services, in comparing American Indians to other racial and ethnic groups in the United States, found that American Indians are among those who:

- die the youngest (average life span is 46 years of age);
- have the poorest health;
- obtain the least education;
- suffer the most infant deaths;
- have the least income;
- have the highest poverty rate;
- are the most unemployed;
- have the worst housing;
- have the highest rate of Fetal Alcohol Syndrome; and

- have the highest rate of alcoholism. [3]
- The age-adjusted alcoholism death rate for American Indians and Alaska Natives is 5.4 times higher than the United States alcoholism death rate for all races (NIAAA,1993).

American Indian Women and Alcohol

American Indian drinking patterns are characterized by binge drinking and flamboyant alcohol consumption. Though there has been little investigation into the use of alcohol by American Indian women, it appears that patterns of drinking among American Indian women may be different from that of other women. For example, American Indian women may be more likely to drink in bars with men, drink to intoxication, begin drinking at an early age, and experience peer pressure to drink (LaDue, 1991). It is important to note that drinking norms may vary considerably among tribes. For example, Weible Orlando (1986) found that the women of one tribe (out of five studied) consumed more alcohol per session than their male counterparts. Though as a whole American Indian women drink infrequently (less than once a week), while American Indian men generally drink frequently (more than twice a week, and at least five drinks at each sitting), the overall proportion of American Indian men and women who drink *heavily* may be equal (Beauvais, 1985). The Indian Health Service reports that half of the total deaths from cirrhosis of the liver are among American Indian women. In addition, young American Indian females use drugs at the same rate as males (Beauvais et al., 1985).

It is estimated that 69 percent of all reservations in the United States have some form of alcohol prohibition. Many tribal governments have implemented prohibition or other policies to limit alcohol availability as a key strategy in reducing alcohol consumption and the related problems. This kind of strategy has been helpful in many communities. However, limits on availability are not the sole solution and are not without problems. For example, long drives to obtain alcohol may create more opportunities for traffic injuries and may put drinking behavior within a hostile non-Indian environment (Young, 1988).

Culturally, American Indian women generally hide their wants and needs. This is especially true if they are abusing alcohol or experiencing domestic violence. American Indian women often attempt to hide their drinking. They are often seriously ill before they are diagnosed. American Indian women face strong criticism for their alcohol problems and have little support for seeking or remaining in treatment. The lack of support results in delayed treatment or no treatment at all, which causes American Indian women to continue the cycle of abuse. They often do not seek help until their alcoholism has progressed to a point that they can no longer function. They are strongly criticized for their disease, which increases the feelings of guilt and anxiety. The loss of cultural values and ties may contribute to alcoholism among many American Indian women. Because of

the lack of support and their responsibilities (e.g., parenting, caring for elders), it is often difficult for American Indian women to enter or stay in treatment.

Fetal Alcohol Syndrome

Alcoholism in a pregnant American Indian woman is often harmful to her fetus, especially in relation to the risk of developing fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE). FAS is characterized by prenatal or postnatal growth retardation, mental retardation or delayed development, and cranial and facial abnormalities. The term FAE indicates that alcohol is being considered as one of the possible causes of birth defects.

Although there are significant differences in rates of FAS between tribes, nationally, FAS is 33 times higher in American Indians than whites (Chavez et al., 1989).

The risk of FAS and FAE is also high for American Indian women and infants in the State of California. The California Urban Indian Health Council conducted a three-year needs assessment on the status of American Indian maternal health. Using cirrhosis of the liver and other alcohol related problems as indicators of prevalence, the study found:

- The American Indian alcohol related death rate is 5 to 6 times that for the general United States population.
- Women comprise almost half of the American Indian deaths from cirrhosis of the liver compared to 1/3 for the African American and Euro-American populations.
- The cirrhosis death rate for American Indian women (25 to 35 years of age) is 3 times that of Indian males of the same age.
- Indian women (15 to 34 years of age) experience a cirrhosis death rate that is 37 times that for Euro-American women of the same age.

The risk of FAS is a growing problem among Indian women. Births to Indian mothers under 19 years of age grew from 34 percent of total Indian births in 1970 to 70.8 percent in 1977 (Indian Alcohol Times, CUIHC, 1982). These increases in birth rates among young American Indian women coupled with the findings that women in general, particularly teenage women, are drinking more, very strongly suggest that many American Indian women of childbearing age are at risk for having infants with FAS or FAE.

There is a tremendous lack of knowledge about FAS among American Indian people and, often, among health professionals. Fetal alcohol syndrome can be prevented, but cannot be reversed or cured. However, a mother can totally prevent FAS or FAE by abstaining from alcohol use during pregnancy.

The following are strategies that have been used to help reduce FAS/FAE:

- Workshops on alcohol consumption by pregnant women
- Staff members undergoing training to equip themselves to educate patients about FAS, to identify women who are at high risk, and begin a referral system of appropriate service providers
- Promotion of early intervention and primary prevention activities in the Indian community

Chapter Two

Considerations In Counseling

This section discusses individual, family, and community issues as they relate to American Indian women in alcohol recovery. Barriers to service and other specific issues related to the populations are addressed. Following each section, there are recommendations designed to provide direction for developing more culturally sensitive treatment services.

Although the author will make generalizations about many values and norms of the American Indian culture, it is critical that the service providers always allow for individual and tribal differences.

Individual Considerations

American Indian Treatment Services

There are not many recovery services targeted to American Indians, especially services designed to meet the needs of women. As a result, existing services only meet a small percentage of the need. Historically, if an American Indian was sent to an alcohol/drug program, the program treated the problem or abuse, but not many of the core issues associated with the abuse. Because the the problems associated with alcoholism and drug abuse among Indian people were not addressed, the American Indian entering the program would relapse as soon as the person was released back into the community. Because of a deep pride and mistrust, most American Indian people will not go to a non-Indian person for help. Until recently, there were no recovery homes that integrated cultural aspects into "treatment" for American Indian people. This integration has instilled hope that the cycle of multigenerational trauma and alcohol abuse can be reduced and even broken.

Recommendations for American Indian Treatment Services

- Promote access to local American Indian healers and healing ceremonies when appropriate.
- Non-Indian agencies delivering care and education to American Indians need to ensure that their staff and messages are culturally competent, literacy-appropriate, age-appropriate, and locally relevant.
- Involve American Indians in the process to help identify whom can be served, staffing needs, and other specific issues for training.
- Inform the community about the availability of services by using outreach workers.
- Assign a social service staff person to assist American Indians through the bureaucratic system.
- Provide more training to care providers in the area of women's issues and alcohol and other drug problems. These issues appear in different forms in American Indian communities and, thus, may require different strategies.

- Recognize and be aware of the history of American Indian people and how it has contributed to the incidence of alcohol and other drug problems as well as to the mistrust of the system as it is related to the under-utilization of services.

Assessment/Diagnosis/Treatment

American Indians who live in California represent over 100 tribal groups. They are still seen as insignificant, a part of history, or nonexistent which leads to few family, tribal, or community support systems. The lack of support systems, lack of education, high unemployment, inadequate housing, as well as inadequate programs at all levels have aggravated problems faced by American Indians and increased the amount of stress faced by these families. American Indian women enter into culturally specific American Indian recovery services through three doors: self-referral, response to the pleas of family and loved ones, or a court order.

Although there are some social service agencies that help meet the needs of American Indian people, there are tremendous barriers to accessing services. Most American Indians do not know what services are available, have difficulty dealing with the system because of cultural limitations, or are unable to reach these services due to geographical barriers and lack of transportation. Generally, clients spend an entire day at an agency just to schedule an appointment that is several days later. As a result, American Indian people will often give up, not receiving the necessary services. Verbal, assertive people have difficulty getting what they need and for a nonassertive, nonverbal American Indian person, the difficulty is tenfold.

The need for special American Indian programs is great because Indians seldom use non-Indian services. American Indians who do elect to utilize mainstream services are usually assimilated or highly acculturated American Indians. Traditional American Indians will not readily enter a non-Indian treatment facility. Under-utilization of services by American Indian people is due primarily to the lack of services that address the specific needs of this population.

Not only are there a limited number of culturally relevant services, but non-Indian service providers generally neglect to collect or use ethnic-appropriate data. In many instances, reports revealed that culturally relevant data were not gathered, explored or utilized for assessment, and were not utilized in the diagnosis or treatment planning of the client. Many times, American Indian clients are misidentified as Caucasian, African American, Latino, or Asian. A high percentage of American Indians are identified as Latino which leads to false information. Bicultural American Indian/Latino and American Indian/African American people are also generally treated and counted only as a part of the other ethnic group. Because of misidentification of American Indian clients, no information is obtained concerning their culture, enrollment status, tribal beliefs. This contributes to inaccurate assessments.

Sensitivity to culture is critical not only to assessment, but to diagnosis and treatment. The values and traditions of an American Indian woman must be taken into consideration

and integrated into a treatment plan. Lack of cultural integration may contribute to the high dropout rate of American Indian people in treatment services (or the lack of utilization mentioned above). By ignoring the history, the culture, and the spirituality of the American Indian woman, the professional contributes to an invalid and inaccurate assessment and diagnosis. Cultural patterns that are unrecognized or misinterpreted become destructive in the treatment process. For example, lack of eye contact may be misconstrued by the professional as avoiding the therapeutic process, shyness, or not paying attention. The lack of eye contact, however, may be a sign of respect.

Finally, aftercare and follow-up are critical components of recovery services. Relapse rates are extremely high, especially during the first year of recovery. These women need consistency and structure to aid them in maintaining their sobriety. Continuity of care through transition planning, a knowledge of existing services addressing other needs, and follow-up assist in promoting stability. Many American Indian women are often unaware of the services that are available for them and their children.

Recommendations for Assessment, Diagnosis, and Treatment

- Integrate values and tradition into treatment/recovery plans.
- Recognize cultural patterns to avoid misinterpretations.
- Support cultural sensitivity training and become aware of the issues affecting American Indian women in recovery.
- Include a category for American Indians to mark on all forms that ask ethnicity. American Indians can not identify themselves as such unless there is that choice.
- Ask and identify clients appropriately. Do not assume you know their ethnicity or race by their physical appearance or by their last name. For example, the Euro-American you see may really be Luiseno Indian. The Filipina you see, may really be Navajo. The Latina you see, may really be Pueblo.
- Develop aftercare, transition planning, and follow-up services that will ensure continuity of care to prevent relapse or decrease the number of relapses that occur.
- Provide information regarding other services available to clients and how to access these services (e.g., child care, food baskets, job training).
- Create American Indian-specific case management models that address the social and cultural features of this community.
- Become aware of treatment needs of American Indians in both rural and urban environments, including the fact that American Indians migrate between urban and rural areas.

Family Issues

The responsibility to sustain the family is generally left to the American Indian woman, who must learn to both live in her own culture and tradition, and survive with her children in mainstream society. Many American Indian families are headed by women, and increasing numbers are being headed by young single American Indian women with children. These American Indian women are often faced with poverty, homelessness, unemployment, and alcohol/other drug abuse which increases the likelihood of their children being removed and increases difficulty in family reunification. Skid Row in downtown Los Angeles was known to be the home for single men. Indian Alley in Skid Row, known for the number of American Indian people living there, is seeing increasing numbers of American Indian women and their children suffering from homelessness, alcohol/other drug problems, as well as physical, emotional, and sexual abuse.

Because of the difficulties experienced by American Indian families, they often become migratory, moving from reservation to city, city to reservation, or from one urban area to another in hopes of finding work and survival in an increasingly racist society that has no idea that American Indian people exist. This constant moving increases problems with American Indian children who may develop learning difficulties, behavioral problems, or problems related to self-medication using alcohol or other drugs.

For the American Indian living in rural areas or on a reservation, the value of extended family and traditional family support in child rearing is usually available. For urban American Indians, this value becomes increasingly difficult to adhere to when parents are without extended family networks. Those without this support system are more at risk of losing their children.

Traditional American Indian families do not generally exist as nuclear families, but within the context of the tribal community and clan. (In urban settings, individuals from diverse tribal communities may become a part of the extended family of another tribal group.) The kinship network in American Indian families is seen most often in child rearing. All adult members of the family and community serve in parental roles. Children are seen as central to the community, and they are raised according to tribal norms and values. Children are allowed to make their own decisions and mistakes and are more respected than in mainstream society. Grandparents and elders in the community have the role of passing on cultural values and beliefs. Children are taught through role modeling, observing role models, and experience.

American Indian families are generally bigger and more inclusive than many non-Indian nuclear families. The extended family in American Indian communities not only includes blood relatives, but other members of the community. At times, other members of the community may become as close to the family as blood members. Social and emotional factors come into play when determining how "close" one is to the family. To "claim" or "adopt" someone into the family is a sign of respect and approval. Non-Indian service providers often become confused in American Indian communities and do not understand that someone called "auntie" may not be a biological relative (Gullmet & Whited, 1989).

American Indian families face acculturation stressors and the breakdown of their traditional family structure. American Indian families are often extremely resistant to government social service agencies because of their instilled mistrust of a system that has continually let American Indian people down. Many needs go unfilled because there are very few or even no culturally relevant services in a given area.

Recommendations for Working With American Indian Families

- Recognize that some American Indian people are migratory, which may break the continuity of care or cause geographical barriers.
- In working with American Indian families that are now a part of the social service system, it is important to maintain a relationship with their tribes.
- Families must be assisted in enrolling their children with the Bureau of Indian Affairs especially where issues of adoption are concerned. (This is important both for personal identity and in relation to accessing resources for American Indians.)
- Communication and collaboration with the tribes are essential in the successful case management of the American Indian family.
- Child care must be available in order for American Indian women to become involved in recovery programs or support groups.
- The non-Indian person should become familiar with the make-up of American Indian families and the importance of the extended family when dealing with American Indian women.
- The extended family network can be a critical component in recovery for American Indian women and their families.
- For American Indians who live in urban areas, the professional should identify Indian-related services in the community whenever possible.

Children's Issues

American Indian children who are taken from their homes are placed in foster care or adoption agencies from which they are often placed in non-Indian homes. American Indian children placed in non-Indian homes suffer from more psychological and behavioral problems because, as they become older, they have no connection to their culture (Orrantia, 1991). Identity confusion may torment the Indian child, and depression and alcohol/other drug problems may debilitate the parents. Studies indicate that American Indian children who are placed in non-Indian homes suffer from psychological and identity problems when reaching adulthood. This is evidenced by a suicide rate which is twice that of the general American Indian population and eight to ten times that of the general non-Indian population (Bachman, 1992). Cultural awareness will aid in the well-being of Indian children and the American Indian community.

One out of every 124 American Indian children in California is in foster care, and the foster care rate for American Indian children is 2.7 times that of non-Indian children (Orrantia, 1991). Because of the high number of American Indian children taken away from American Indian homes to be placed in non-Indian homes, the Indian Child Welfare Act was implemented. The Indian Child Welfare Act was developed and implemented in 1978 to protect the rights of American Indian children and to promote the stability of families and American Indian tribes. The Act established standards for the placement of American Indian children in foster or adoptive homes.

Although the Indian Child Welfare Act was implemented to protect the rights of American Indian children and their families, very few social workers are familiar with this Act or take it seriously. In 1991, there were 39,579 American Indian children under 21 in California. Of these, 1,507 American Indian children had been adopted and 92.5 percent of these were adopted by non-Indian families. It is estimated that 8.4 times as many American Indian children are in adoptive homes as are non-Indian children. The result is that American Indian children are taken away from their mothers and placed in non-Indian homes where there is a direct conflict of values. There are those who are familiar with the Act and yet do not comply with its regulations. An unpublished survey by the California State Department of Social Services revealed an 80 to 90 percent error rate in complying with the Indian Child Welfare Act regulations (Orrantia, 1991). The Act pertains to judges and attorneys as well.

One of the largest issues facing American Indian children and families in the system is the misidentification of American Indians as members of other ethnic groups. Most American Indian children are not accurately identified, which leads to the misplacement of American Indian children into non-Indian homes in violation of the Indian Child Welfare Act. These children need to be placed in American Indian families which could teach them their tradition and culture. For example, many American Indian children have been mistakenly identified as Latino and have been placed in foster homes where Spanish is the primary language.

The consequences of alcohol and other drug problems continue to negatively impact the survival of all American Indians. As mentioned above, American Indian children are being born drug addicted and suffering from fetal alcohol effects and fetal alcohol syndrome. In addition, other infants are born HIV-positive and must be placed in non-Indian homes due to the lack of trained and willing American Indian foster parents.

American Indian families face barriers to service that not only include the lack of awareness on the part of social service workers and agencies, but also cultural barriers. American Indian people must face openly racist attitudes, stereotypes of the "drunken Indian," and the powerlessness of an invisible minority.

American Indian women and their families must often travel extreme distances to obtain the services they need. This leaves them without extended family or tribal support systems. These are only a few of the ramifications. American Indian parents are left feeling helpless and hopeless and often do not understand what is happening to them in court situations.

For those American Indian parents who either choose to or are mandated by the courts to take parenting classes, geographical barriers and the lack of transportation in American Indian communities often make it difficult to attend classes. American Indian parents are more likely to attend parenting classes if they are made accessible and if they are culturally relevant to the values and traditions of American Indian families. Parents in need of drug and alcohol programs also face these barriers.

Recommendations for Working With American Indian Children

- Cultural awareness is especially relevant in child custody proceedings involving American Indian children.
- Consider the lifestyle and parenting needs of American Indian children when making decisions that involve the removal and placement of an American Indian child.
- Include an American Indian category on forms and identify American Indian children to ensure compliance with the Indian Child Welfare Act.
- It is important that the long-term damage which may result from placing an American Indian child in a non-Indian home be weighed heavily against the short-term benefits of a rapid placement.
- Often, the best interests of the American Indian child lie in finding an appropriate American Indian placement.
- Ensure that staff on all levels are familiar with and comply with the American Indian Child Welfare Act.
- Train and work with staff to recognize their biases and stereotypes concerning American Indian people.

Community Norms/Values

Alcohol in the Community

It is important to remember that drinking is not a traditional American Indian value or behavior. There are many American Indian people who do not drink at all. Alcohol is not allowed at traditional ceremonies and the consumption of alcohol is the opposite of traditional values. There is currently a move to develop sanctions against drinking in American Indian communities. Drinking is not allowed at more and more community events including powwows or athletic events.

Relating to Others

The value of harmony with others is emphasized in American Indian communities. American Indian people respect each others' dignity and autonomy. Competition is not encouraged and it rarely occurs within the group. Improving oneself and competing with

individual past performance may be a focus. Children are generally discouraged from boasting and loud behavior. American Indian children are sometimes criticized for being shy or passive in classroom situations when they do not participate. Generosity is valued and being a good person is more important than obtaining material goods. Because generosity is valued, many American Indian people do not save or collect large quantities of items or goods.

American Indians avoid eye contact to show respect. In social situations, American Indian people speak slowly and deliberately as they stress the emotional rather than the verbal. American Indians mask feelings of discomfort and exhibit subtle expression of feelings. They convey ideas or feelings through behavior rather than speech and use nonverbal signs to convey criticism. Silence is highly valued. American Indians respect and value the wisdom which comes with age and experience.

World View

American Indian people have always been more oriented to the present and are more interested in "being" rather than "becoming." "Indian time" refers to the Indians' view of time as something that one can not control. Spirituality pervades all aspects of American Indian life and they believe that all things in nature are good and cannot be controlled by individuals. American Indians believe in balance and in cooperation with nature.

Recommendations Related to Community Norms/Values

- Recognize community norms and values.
- Utilize the awareness of these norms and values in dealing with this population.
- Do not misinterpret cultural patterns.
- Although generalizations are made, allow for individual and tribal differences.
- Examine misconceptions and romanticisms concerning American Indian people.
- Recognize many American Indians have grown up completely acculturated within mainstream culture and are unfamiliar with tribal norms and values. During early recovery, they may or may not want to learn about being American Indian.

Language

Many American Indian people have partially or completely lost their language as a result of forced acculturation and assimilation into mainstream society. Many American Indian adults and children are unable to speak their native language. The loss of language among American Indian people has contributed to the destruction of culture and deep sense of loss experienced by this population. And the fact that American Indian children were abused if they spoke their native languages in boarding schools has caused immense damage to the mental health of American Indian people. There is currently a reemergence of the willingness of elders to teach the native language as well as youth who want this connection with their culture.

Most American Indian people are fluent in English. However, the way English is spoken is somewhat different from that of non-Indians. This is because some American Indian people learned English as a second language or were taught English by parents whose primary language was their native language. There are differences in accent or rhythm, as well as phrases that may be misunderstood by those not familiar with the American Indian way of speaking English (Swinomish Tribal Mental Health Project, 1991).

Non-verbal communication such as eye contact is viewed differently than in mainstream society. In some American Indian cultures, direct eye contact is avoided. American Indian children are taught not to stare, and look down out of respect for elders. In addition, non-verbal communication is just as important as verbal communication in American Indian communities. American Indian people are comfortable with periods of silence when getting to know people or situations. This may often be misconstrued by professionals who may see the American Indian woman as withdrawn, passive, or shy. The silence may in fact be a sign of respect, rather than lack of responsiveness to therapy.

The handshake for American Indian people is often gentle and a sharing of spirit between individuals. Mainstream culture supports a handshake that is firm and conveys confidence (Swinomish Tribal Mental Health Project, 1991). The gentle American Indian handshake is meant to obtain information from the other person and should not be misinterpreted as weakness, meekness, or lack of confidence.

American Indian people also often exhibit a different style in the expression of emotion. American Indian people express their feelings subtly and are often seen as stoic. Because American Indian people express their emotions subtly, they are thought not to have feelings. American Indian people who do not express their emotions the way that is expected by dominant society are often assessed as denying or repressing their feelings, when in fact this is a cultural norm.

Although nonverbal communication is valued in American Indian communities, Indian people can be quite talkative and illustrate humor through joking or teasing. Of all verbal and nonverbal communication utilized by American Indian people, humor is of extreme importance and has aided American Indian people in dealing with the history of genocide, continual losses, and other issues facing them today. Humor is used as a means of entertainment, communication, and most importantly as a way to relieve tension. Humor, teasing, and poking fun at family and friends is common in Indian communities. It is a means of showing affection or acceptance. Non-Indians may have difficulty in understanding Indian jokes and may see them as dry and feel uneasy. Both American Indian men and women use humor as a coping mechanism, and many Indian people have become true artisans in the joking arena. Often you will hear Indian people joking with one another and hear an "aay" at the end of the joke to let others know it was said in humor. Humor has proven to be a cultural tool for survival among American Indians and continues to be a successful means of coping and expressing emotion (Swinomish Tribal Mental Health Project, 1991).

Recommendations Related to Language Differences

- Recognize communication differences and cultural patterns.
- Allow American Indian women to tell their stories without expecting a visual emotional display.
- Help the American Indian woman to identify emotions and express them (in a culturally appropriate manner).
- Be sensitive to the needs of the individual and her culture.
- Be sure that resource and written materials are appropriate to the reading levels of the population being served.

Other Challenges to Services

Geographical Barriers

Geographical barriers contribute to the difficulty American Indian women have in accessing services. An American Indian woman who lives in a rural or reservation community often must leave her family and friends to seek treatment. Once she is sober and has completed her program, she returns to her community. She may not have the opportunity to develop support for recovery in this environment. She may also find that she must face many of the social, economic and interpersonal problems that may have contributed to her alcohol or other drug use.

At times, the geographical barriers are so great that American Indian women will not seek treatment at all. The limited services that are available locally may already be used to capacity and have long waiting lists, therefore causing American Indian women to seek treatment that is further from their tribal or rural community. It is not uncommon to see American Indian women seeking services in an entirely different state. The Eagle Lodge in Long Beach sees American Indian women from reservations in New Mexico and Arizona, among other areas. The services for American Indian women are so limited that waiting lists become longer and many women who are seeking help do not get it.

In rural areas of California, access to treatment and recovery resources may be especially challenging for any women and especially for those American Indian women who require culturally specific services. For example, many American Indians in California live in the rural areas in the far northern parts of California (known as Health District 1). This district stretches for 800 miles and would take approximately 20 hours to travel in the summer. In winter, travel in many areas of the district is impossible. Few programs could reach and address the needs of the far-ranging and varied populations in these areas.

For urban American Indian women, transportation is a monumental problem, as cities in California may be large and learning the public transportation system is difficult. These

women may also be unable to afford the cost of transportation, which inhibits their ability to seek services. For cities as large as Los Angeles, many American Indian women must travel an hour or more to obtain the necessary services for themselves and their children. The urban American Indian community, unlike other ethnic minorities, is dispersed throughout counties, making it more difficult to access culturally specific service. Urban American Indians may have to travel long distances to reach culturally relevant services and often do so because they are unwilling to deal with non-Indian service providers.

Recommendations for Addressing Geographic Barriers

- Be aware that American Indian people migrate between urban and rural areas.
- Work with participants to address the problem of geographical differences in service delivery.
- If feasible, provide shuttle or van services.
- Explore the development of a voucher system or pass out tokens for public transportation.
- Consider implementing satellite services in rural areas. In urban areas, it may be helpful to develop a one stop shop that would address different areas of concern for American Indian women such as counseling, housing, and nutrition.
- Coordinate culturally sensitive local services to American Indian women so they do not have to travel long distances.

Confidentiality

One of the most difficult challenges faced by those targeting the American Indian population in rural, reservation, and urban areas is one that involves ethics and confidentiality. Because of the close-knit make-up of the American Indian community, professionals often find themselves working with family, friends, and even enemies (not all tribes or familial/community members get along), which may cause conflict and challenge the code of ethics developed by alcohol/drug program staff organizations.

Both the client and counselor may have personal information about each other and may become vulnerable to community social pressures such as gossip, family pressure, or shaming. Confidentiality becomes increasingly difficult to maintain as gossip and curiosity by other members of the American Indian community cause pressure on the professional or the client. It is the professional's responsibility to maintain a high code of ethics and confidentiality and to involve family members only when appropriate. Those working in the American Indian community must recognize that their commitment to confidentiality lasts a lifetime and does not end once they leave their jobs. In American Indian communities, counselors may know families in the community for several years and should not break their commitment to confidentiality. Those working with American Indian communities must be aware of the situations that may arise which may contribute to breaking the code of ethics or confidentiality. These professionals must be trained in

how to handle these situations and remember that maintaining confidentiality will increase the client's trust. It is more difficult to maintain confidentiality in American Indian communities. However, it can be accomplished.

Recommendations for Dealing With Issues of Confidentiality

- Respect client confidentiality and adopt confidentiality protection procedures.
- Review ethics and confidentiality standards already in place and make necessary changes.
- Attend workshops on ethics and confidentiality.
- Develop training or role plays for professionals working with American Indian communities so they are prepared for challenges to confidentiality that arise as a result of the make-up of the community.

Specific Issues And Populations

Violence and Abuse Issues

Alcohol lowers inhibitions and judgment and increases the amount of violence in American Indian communities. American Indians are among the highest ranked in frequency of problems associated with drinking. For example:

- At least 80 percent of homicides, suicides and motor vehicle crashes among the American Indian population are alcohol-related (Smith, 1989).
- Alcohol involvement in traumatic injury deaths varies little between men and women, in contrast to the sharp differences reported for other ethnic groups (NIAAA, 1993).
- Spousal abuse is 36 percent higher in the American Indian population than among Euro-Americans (Bachman, 1992).
- Among American Indian families in the Southwest, alcohol is present in all reported cases of child abuse. However, alcohol abuse exists exclusive of the association with child abuse/neglect and therefore is necessary, but not sufficient to explain this type of violence.
- Nearly 100 percent of all crimes for which an American Indian is incarcerated were committed while under the influence of alcohol.[4]

Although alcohol increases the incidence of violence, alcohol use is not the only factor. Violence is also an unhealthy means of releasing tension and coping with stress. Violence may be a symptom of hidden depression and a way of avoiding emotional pain. In addition, anger and frustration about unjust social conditions contribute to the violence experienced in Indian communities. As in other communities, violence seems to be an intergenerational phenomenon in which violence is endemic in certain families in more than one generation.

American Indian women can be both perpetrators and victims of violence. Those women who are victims must feel safe before they are fully able to engage in recovery. Abuse and neglect of Indian children has become a serious problem in some American Indian communities. The rates of reported neglect, physical, sexual, and emotional abuse have increased for Indian children as they have for non-Indian children. American Indian parents usually love their children and are close to them. However, some do not provide adequate care or nutrition for their children. As long as the love and warm relationships exist between American Indian parents and their children, it is possible to teach Indian parents the skills necessary to fulfill the needs of their children as well as to locate necessary social services. Provided in a cultural context, this will contribute to the empowerment of American Indian families and lead to family self-sufficiency.

Physical punishment has been extremely rare in traditional American Indian communities. Many American Indian children first experienced physical punishment in boarding schools. Physical punishment in boarding schools sometimes became frequent and severe. Many of these children brought this method of discipline back to American Indian communities and later, as parents, they utilized physical punishment. In combination with social stresses and alcohol abuse, physical discipline sometimes results in abuse.

Some tribal experts estimate that 90 percent of American Indian women who are in psychiatric facilities were sexually abused as children. One American Indian service provider estimates that over 90 percent of American Indian women going through crisis intervention on Skid Row in downtown Los Angeles have been sexually abused.[5] Sexual abuse also often seems to be closely related to alcohol abuse in the family.

Elder abuse exists in American Indian communities and is contradictory to traditional values of respect for Indian elders. Elderly American Indian women are more likely to be victims of elder abuse than elderly men. Women who suffer from physical or mental handicaps are especially vulnerable (Cornell & Gelles, 1982). Caring for a dependent elderly person can contribute to the stress of American Indian families and should be viewed as a source of stress for the abuser. Cultural values which emphasize respect for the elderly can complicate the relationship between a dependent elder and family members. Those who had to take care of their spouse and children in addition to the elderly person experience even greater stress.

Recommendations for Dealing With Violence and Abuse in American Indian Communities

- Alternatives to violence must be addressed in awareness programs and there must be social disapproval of violence in American Indian communities.
- Sexually abused American Indian children and adults have particular mental health care needs that should involve the development of extended family support systems as well as identification with their culture as a component of treatment.
- In dealing with elder abuse in American Indian communities, professionals must emphasize the identification with culture and values in which respect for the elderly is valued. A return to traditional Indian values may contribute to the reduction of violence in American Indian communities.

Dual Diagnosis

Many American Indian women suffer from both mental health and alcohol or other drug problems. These women face the same challenges as other women who have a "dual diagnosis." Many dually diagnosed women, including American Indian women, suffer from alcoholism and depression; this is an important issue to consider since there is an association between depression and alcoholism specifically in terms of suicide (Lawson & Lawson, 1989). However, women are often misdiagnosed. For example, although both men and women suffer from depression and alcoholism, professionals may tend to diagnose men with alcoholism and women with depression. In addition, staff of mental health programs and alcohol/other drug recovery programs are often inadequately trained for addressing the needs of dually or multiply diagnosed individuals.

Another difficulty lies in the belief that either the alcohol/drug dependence or psychological disorder is secondary to the other. Many erroneously believe that once one is treated, the other will disappear. As a dually diagnosed woman recovers from alcohol abuse, her depression may decrease or disappear as she resolves issues of guilt or unresolved grief exacerbated by alcoholism. However, in other cases, the symptoms of depression which a woman was self-medicating with alcohol may be magnified unless her mental health problem is addressed.

When alcohol and other drug treatment professionals hold to the belief that all mood or mind altering substances must be avoided, it causes difficulty for dually diagnosed women. While this is true in regard to alcohol or unprescribed drugs, it is often wrongly extended to other psychotropic medications that are needed to treat the psychological disorder. The misconception that the woman is not really sober if she takes her medication prevents her from taking medications that may lead to the successful treatment of her psychological disorder (Wallen & Weiner, 1989). The substance abuse and psychological disorder should be treated simultaneously.

All of these issues have a special impact on American Indian women. First, service providers in both mental health and alcohol/drug recovery fields may misdiagnose American Indian women by misunderstanding or pathologizing behaviors that are culturally based. Second, it may be a significant challenge to find professionals who understand depression as well as alcohol and drug addiction ***and*** are culturally competent to address the needs of American Indian women. Third, American Indian women face additional stressors that must be considered in the recovery process in relation to both mental health and addiction recovery. Finally, American Indian women who have been dually diagnosed are not a homogeneous group; they are a heterogeneous group requiring individualized treatment which will address their specific addiction and psychological problems.

Professionals will need to be aware of cultural norms and roles of American Indian women in society. A comprehensive approach to treat both depression or other mood disorders and alcoholism must be considered. Most agree that only after an alcoholic is abstinent can a true picture of her depression or psychological disorder be developed. Once

abstinence is accomplished, the type of treatment will depend on the individual being treated, taking into consideration her culture, beliefs, and openness to therapy. For the dually diagnosed patient, it is important to focus initially on reality-oriented issues in a supportive manner, rather than trying to uncover other issues which may lead to increased substance abuse or psychiatric symptoms.

Recommendations for Serving Dually Diagnosed Women

- Alcohol/other drug treatment and mental health treatment professionals need to work cooperatively to treat dually diagnosed American Indian women. They should develop integrated, comprehensive, and coordinated treatment programs.
- Staff should obtain training and increase awareness of the needs of dually diagnosed American Indian women, especially since the prevalence among this population is extremely high.
- Providers of alcohol and drug services may find it useful to identify mental health agencies and practitioners that are culturally competent and knowledgeable about the specific concerns of American Indian women.

American Indian Women in the Criminal Justice System

Although every issue can not be covered within the scope of this booklet, it is important that American Indian women in the criminal justice system be mentioned. It is important that those working with American Indian women address this population, especially since almost all crimes for which an Indian is incarcerated were committed while under the influence of alcohol. In addition, a vast majority of American Indians in the criminal justice system in the State of California have alcohol and/or drug problems. Many American Indian women find themselves in and out of the criminal justice system. Unfortunately, the criminal justice system ends up being used as a treatment or recovery system for American Indian women who would benefit more from an alcohol/drug treatment program.

The actual number of American Indians in the criminal justice system is unknown due to misidentification (American Indians are misidentified as other ethnic groups.) In addition, misidentification contributes to the image that American Indians in the criminal justice system do not need services because there are no significant numbers.

Recommendations for the Criminal Justice System

- Support efforts to allow American Indian inmates to participate in spiritual and purification ceremonies.
- Ensure that American Indians in the system are documented by including an American Indian category on forms.
- Do not make assumptions about ethnicity. Allow people to have more than one ethnic classification. Identify everyone appropriately by asking questions to ensure that accurate data are kept.

- Support culturally relevant services for American Indian women in the criminal justice system which may include an American Indian liaison. For example, the exiting post-release program is not based on American Indian values and thus does not attract those who need them.
- Support services that address the specific concerns of women who are just coming out of incarceration and are sensitive to the "recovery" process.

American Indian Lesbians

American Indian lesbians make up a triple minority group. The triple minority status for American Indian lesbians may create multiple challenges in creating a positive identity. As women, American Indians, and lesbians, they walk in three worlds, each of which provides support – or fails to support, significant aspects of their lives. American Indian lesbians can have conflicts in allegiances between the lesbian community and the American Indian community (Morales, 1989). They may even find themselves virtually ignored within not only mainstream society, but the American Indian communities and lesbian/gay communities.

There is diversity in beliefs among tribes concerning American Indian lesbians. Some tribes accept and honor gay men and lesbians. Others, however, do not accept the gay and lesbian members of their tribe and may ban them from the community. Many American Indian lesbians experience loss of family, community support, identity, and other factors that exacerbate problems with alcohol and drugs. Because American Indian lesbians may not be accepted within the American Indian community or mainstream society, they may develop their own communities or join the gay and lesbian community at large.

Recommendations for Treatment of American Indian Lesbians

- Providers should offer services for individuals with various sexual orientations.
- To adequately serve this population, American Indian lesbians must be involved in all aspects of treatment design as well as on staff.
- Outreach material and resources should be sensitive to the issues that American Indian lesbians face that may not be similar to those of other races or ethnic groups.
- Culturally specific activities should be provided in safe environments.
- Alcohol and other drug treatment programs should integrate services specifically for American Indian lesbians.
- Staff should attend training in the treatment of lesbians and be aware of this population in treatment programs.
- Staff should be aware of the "coming out" process and the stigmatization as well as other issues facing this population.
- Staff must commit to creating a supportive environment for American Indian lesbians and to helping alleviate some of the obstacles that inhibit this population from seeking treatment.

- Staff should be aware of their own biases, stereotypes, and misconceptions. Training on lesbian issues and on homophobia can be a useful tool in this process.

HIV/AIDS

It is critical that HIV/AIDS be addressed when dealing with American Indian women in recovery. American Indian women who are abusing alcohol and other drugs, as well as those dealing with dual diagnosis, are at high risk for contracting HIV and developing full-blown AIDS. In the general population, women and teens are contracting HIV/AIDS at an alarming rate. In the American Indian community, there are six to eight cases of full-blown AIDS reported each year in the United States. More and more mothers and their infants are becoming infected. There are as many American Indian teenage runaways who exhibit at-risk behavior and have a high rate of pregnancies which result in greater risk of contracting HIV/AIDS and passing the disease on to their infants. These young American Indian women are abusing drugs, participating in at-risk behavior, becoming pregnant, and are suffering from sexually transmitted diseases and HIV/AIDS.

Although AIDS cases are increasing in the American Indian community (Bureau of Health Resources, 1992), culturally specific or appropriate prevention and early intervention efforts are not generally available. In addition, this population will often not seek out information or assistance. American Indian people often do not want to hear about AIDS and are afraid to get medical services when there is a possibility of having been infected with a sexually transmitted disease.

There are many reasons why HIV/AIDS has not been addressed in American Indian communities. First, American Indians are still waiting for HIV/AIDS to be given meaning in local languages so that local healing practices can be applied. Second, HIV/AIDS is only one issue among many that are faced by American Indian people and their already limited resources. There are immediate human needs such as food and housing that American Indians are more concerned about. Third, American Indians continue to perceive HIV/AIDS as a "white man's disease" and do not have a spokesperson like Magic Johnson to make AIDS real for American Indian communities (Bureau of Health Resources Development, 1992).

Recommendations for AIDS Awareness in American Indian Communities

- Design prevention messages that are appropriate for this population. Those pictured in prevention and intervention resource materials should look like the members of the community they intend to serve.
- Provide American Indian women and their families with AIDS awareness even when they do not ask for it.
- Conduct culturally appropriate outreach. Because American Indian people will not seek out HIV/AIDS services, outreach is very important.

- Utilize cultural events (as appropriate) to disseminate information about AIDS to the American Indian community. (e.g., one American Indian group distributed information at a table during a local powwow).
- Work with community elders and contact people in the American Indian community so that they may spread the prevention message. American Indian people will listen more to those who are respected and have credibility in the Indian community.
- Use creative means to disseminate information that may be offer incentives to American Indian people. For example, The American Indian Clinic in Bellflower, California, requires those who are receiving services or items such as car seats must listen to safety and HIV/AIDS information before they can receive service or the item.

Notes

Chapter Three

American Indian Culture as a Means of Healing

This section describes American Indian ceremonies and traditions that are components of recovery programs serving this population. The purpose and beliefs behind the ceremonies will be described to the extent that it is respectful to American Indian people. Respect for the beliefs, values, traditions, culture, and spirituality is necessary for the success of any program whether it is Indian or non-Indian. American Indians represent a diverse population and not all American Indians practice traditional ceremonies. American Indians are members of Catholicism, Christianity, and many other denominations of religion and spirituality. In addition, different American Indian tribes practice different traditional beliefs.

The primary focus of this booklet is to provide a framework for culturally appropriate services to American Indian women and describe different approaches that are currently being utilized. An area of concern to the author and others is that the information will be misused or that individuals or groups will attempt to replicate ceremonies (ie., purification ceremonies) or other American Indian spiritual components. It is important to be culturally sensitive, and one always welcomes an interest in learning. However, there are times when an individual or group may go too far, for example, it is disrespectful rather than supportive when individuals or groups misuse sacred items or ceremonies, when cultural ceremonies are replicated and claimed as one's own, and when an individual or group does not respect the wishes of a tribe or the American Indian community in general. This includes not forcing American Indians to participate in purification ceremonies because they may not identify or it may not be their own tribal belief. The key component of being truly culturally sensitive is utmost **respect** for American Indian people as well as their values, traditions, beliefs, and culture.

Taking all this into consideration, we will look at only a few culturally specific services.

Culturally Specific Services for American Indian Women

Recovery services provided vary with each home. However, generally the homes hold purification ceremonies, commonly known as "sweat lodges" among non-Indians. Also, many homes conduct talking circles, as ways to reach the women through a culturally specific activity.

Person-To-Person Outreach and Relationship-Building

Providers of treatment and recovery service targeted to American Indians, conduct the majority of their outreach through word of mouth and putting their name into the community for any person who needs them. Often, counselors are requested to come and talk to a woman by her tribe, family or community. While providing awareness among American Indian women and addressing their culturally specific needs, outreach must encompass an awareness of the history, culture, heritage, and spirituality of American Indian women. The request for healing and change must come from the individual.

Burning of Sage

Before ceremonies or gatherings, often there is the burning of sage, sweet grass, angelica root or other plants for "smudging". The burning sage is held up and offered in the four directions and to the Great Spirit. The smoke from the dry sage, when passed under the arms, around the torso and between the legs, purifies the body (Satwiwa News, 1991). It is a spiritual cleansing. The chemicals that the smoke possesses expel any negative forces and energies from around an individual or group. The scent goes into the nose and senses to open up and stimulate the mind. Smoke is recognized as a force that carries the prayers to anybody and anything in the universe. To "smoke" or "smudge" someone is to offer a special prayer for them and to share this exchange of energy with them.

Purification Ceremonies

Purification ceremonies are generally held separately for men and women. To enter into a purification ceremony is to enter into an American Indian church. If a person is intoxicated, he or she is not allowed to participate in the purification ceremony. It is through the purification ceremony that one is cleansed, and it can be used as a form of additional detoxification for an individual who has established her sobriety. Through prayer and meditation, the people reach out to the Great Spirit and the elders for strength and guidance. When a person enters into the purification ceremony, she must enter with good intentions and positive thoughts. The strength gained and given within the purification ceremony amongst the brothers and sisters is believed to help a person re-focus her life and keep all negativity out of her reasoning powers. Purification ceremonies allow one to walk on the red road, the road of peace, sobriety and cleanliness of the soul, giving a person the strength to handle life's tribulations and to lose material values, going back to things that we should be thankful for, such as Mother Earth and Father Sky. The experience reminds one that we borrow the earth and that the sun provides light for life, in the plant and animal nations, the wind provides the breath of life and the rain cleanses the earth. Through prayer, all of Mother Earth is brought into the heart.

The American Indian Eagle Lodge, a residential treatment facility in Long Beach, California, describes the purification ceremony as follows:

> The cornerstone of American Indian traditions is the purification ceremony or commonly referred to by non-Indians as "sweat lodge." To enter the purification lodge is to return to the womb of Mother Earth for spiritual guidance and for physical, mental, emotional, and spiritual healing. The ceremony utilizes the natural elements of fire, water, air, and earth (plants, herbs). The lodge itself is usually a dome-shaped structure made of willow, which is tied together with twine and bark. This structure is then covered with tarpaulin, blankets, or canvas to make it light-proof, as a receptacle for rocks. A small pit is dug in the center of the lodge. The doorway may face the east or west according to the traditions of the tribe. Outside the lodge, a small earthen mound is built as an altar, using the dirt from the pit inside. Prayer symbols, a lodge pole, and rocks arranged in a medicine wheel are placed on the altar. Beyond the altar is the fire pit for heating

the rocks. Water is sprinkled on the rocks producing heat and steam. These ceremonies have proven to have a very positive effect on each resident.

Talking Circles

Talking circles are for groups or families who would like to share their experiences and reach out to each other for strength. The talking circle is a way for the individuals participating to express themselves freely without judgment or interruption. The talking circle encourages the participants to look at the positive things in life and to thank the Great Spirit for allowing them to see another day to go to sleep and to wake. It is a very gratifying experience that encourages a woman to enter back into her heritage and find her identity as a person. The talking circles must be held on an ongoing basis, to provide a support group for all involved and allow them to pull from each others strengths, until they are able to stand on their own two feet. Most important, the person in treatment must take responsibility for her own actions. Because American Indian people have never been taught to communicate or express themselves, the talking circle provides this forum to learn. It is comparable to teaching a baby how to talk. Through history, American Indian people have been inhibited from continuing such teachings and many have never learned how to communicate, express themselves or love without alcohol or drugs.

Conclusion

Through the spiritual practices described above, the negative cycles that are continually passed onto the children are being broken. This is the beginning of a healing versus a treatment. Because American Indian women share such a traumatic past, healing must begin from the inside, through programs such as the Wellness Program in which Indian people are taught about living healthfully. The idea of wellness includes the physical, emotional, and spiritual health of American Indian people. The past of American Indian people and individual women must be understood by those administering treatment in order to make a lasting effect on people's lives. In treating American Indian women, the loss of identity, pride, and fear must be addressed. A spiritual context allows women to learn and grow.

Those working with the American Indian community in recovery are striving to reclaim a world where everyone has a place in the circle and is valued. It is important that people and programs committed to being allies in the recovery process for American Indians work to support the development of culturally specific services and join in efforts to challenge the factors that contribute to alcohol problems in American Indian communities.

Recovering our identities will contribute to healing ourselves. Our healing will require us to rediscover who we are. We cannot look outside ourselves for self-image. We need to rededicate ourselves to understanding our traditional ways. In our language, songs, ceremonies, and relationships lie the instructions and directions to recovery.

American Indian people are long accustomed to tragedies and adversity, but have always demonstrated the ability to overcome and persevere. It is now that all American Indian people must come together, take responsibility for ourselves and begin the healing of hearts.

Notes

Appendices

Appendix A

Choosing A Counselor

Appendix B

Resources

APPENDIX A

CHOOSING A COUNSELOR

American Indian women must be responsible for their own recovery. Part of this responsibility is accepting the fact that they may choose their counselors. Some questions that may be helpful for American Indian women to ask when choosing a counselor are:

1) Has the counselor experienced alcohol problems in his/her own life?

2) Does the counselor respect differing spiritual beliefs?

3) Can the counselor refer the client to Indian cultural activities?

4) Is the counselor familiar with the Indian Child Welfare Act?

5) Does the counselor understand differences between Indian and non-Indian values?

6) What are the counselor's beliefs concerning recovery?

7) What treatment choices are available?

8) Is child care available?

9) What kind of help is available to my family?

10) How long has the counselor been sober and clean?

11) What did the counselor find most helpful in his/her own recovery?

APPENDIX B—RESOURCES

NORTH

ALTURAS
Modoc Indian Health Clinic
P.O.B. 251
Alturas, CA 96101
(916) 233-4591

ANDERSON
Redding Racheria Indian Health
2110 North Street
Anderson, CA 96007
(916) 365-9191

AUBURN
Chapa-De Indian Health Program
1160 Atwood Road
Auburn, CA 95603
(916) 887-2800

BURNEY
Pit River Indian Health Clinic
36977 Park Avenue, P.O.B. 2720
Burney, CA 96013
(916) 335-3651

Pit River Family Services
37370 Main Street
Burney, CA 96013
(916) 335-5090

CHICO
Northern Valley Indian Health, Inc.
140 Independence Circle, Suite A
Chico, CA 95926
(916) 896-9400

COVELO
Round Valley Indian Health Center
P.O.B. 247
Covelo, CA 95428
(707) 983-6181

EUREKA
United Indian Lodge
1116 9th Street
Eureka, CA 95501
(707 445-3071

FORT BIDWELL
Warner Mountain Health Clinic
Fort Bidwell Drug/Alcohol Abuse Program
P.O.B. 127
Fort Bidwell, CA 96112
(916) 279-6310/279-2233

HAPPY CAMP
Karuk Kare Tribal Health Dept.
P.O.B. 1125
Happy Camp, CA 95546
(916) 625-4261

HOOPA
Hoopa Health Association
Survival By Heritage
P.O.B. 1288
Hoopa, CA 95546
(916) 625-4261

LAKEPORT
Lake County Tribal Health Consort.
5106 Hill Road
Lakeport, CA 95453
(707) 263-6145

OAKLAND
American Indian Family Healing Center
1815 39th Avenue
Oakland, CA 94601
(510) 534-2737

Native American Health Center
3124 East 14th Street
Oakland, CA 94601
(415) 261-1962

OROVILLE
Feather River Indian Health
2167 Montgomery Street
Oroville, CA 95965
(916) 534-3793

SACRAMENTO
Sacramento Urban Indian Health Prj.
Leo Camp Alcohol Program
220 J Street
Sacramento, CA 95814
(916) 441-0918

Turquoise Indian Lodge
2727 P Street
Sacramento, CA 95816
(916) 456-3487

SAN FRANCISCO
American Indian AIDS Institute
333 Valencia Street, Suite 200
San Francisco, CA 94103
(415) 626-7639

Friendship House Association of
American Indians
80 Julian Street
San Francisco, CA 94103
(415) 431-6323

Native American Health Center
56 Julian Avenue
San Francisco, CA 94103
(415) 621-8051

SAN JOSE
Four Winds Lodge
935 The Alameda
San Jose, CA 95126
(408) 259-9111

Indian Health Center of
Santa Clara Valley, Inc.
1245 E. Santa Clara, Suite A
San Jose, CA 95113
(408) 294-7553

SANTA ROSA
Sonoma County Indian Health Project
791 Lombardi Ct., Suite 101
Santa Rosa, CA 95407-0430
(707) 544-4056

SUSANVILLE
Lassen Indian Health Center
745 Joaquin Street
Susanville, CA 96130
(916) 257-2541

WEAVERVILLE
Trinity Rural Indian Health
P.O.B. 1603
Weaverville, CA 96093
(916) 623-4492/623-2287

WILLOWS
Northern Valley Indian Health, Inc.
827-A S. Tahama
Willows, CA 95988
(916) 934-4641

WOODLAND
Chapa-De Indian Health Program
175 W. Court Street
Woodland, CA 95695
(916) 661-4400

CENTRAL

BAKERSFIELD
American Indian Council of
Central California
P.O.B. 3341
Bakersfield, CA 93385
(805) 327-2207

BISHOP
Toiyabe Indian Health Project
P.O.B. 1296
Bishop, CA 93514
(619) 873-6394

CLOVIS
Central Valley Indian Health
20 N. DeWitt
Clovis, CA 93612
(209) 299-4934

FRESNO
Sierra Tribal Consortium, Inc.
3621 N. Parkway Drive
Fresno, CA 93711
(209) 275-5707

MANTECA
Three Rivers Indian Lodge
13505 S. Union Road
Manteca, CA 95336
(209) 858-2421/982-1442

PORTERVILLE
Tule River Alcoholism Program
Route 7, Box 290
Porterville, CA 93257
(209) 781-8797

Tule River Indian Health Center
P.O.B. 768
Porterville, CA 93258
(209) 784-2316

STOCKTON
Native American Indian Center
1425 S. Center
Stockton, CA 95206
(209) 944-4003

TRINIDAD
United Indian Health Services
P.O.B. 420
Trinidad, CA 95570
(707) 677-3693

TUOLUMNE
Tuolumne Indian Health
P.O.B. 577
Tuolumne, CA 95379
(209) 928-4277

UKIAH
Consolidated Tribal Health Consortium
564 South Dora, Suite D
Ukiah, CA 95482
(707) 462-0488

SOUTH

ALPINE
Southern Indian Health Council
4058 Willows Road
P.O.B. 2128
Alpine, CA 92001
(619) 445-1188

BANNING
Riverside-San Bernardino County
Indian Health, Inc.
11555½ Potrero Road
Banning, CA 92220
(714) 849-4761

BELLFLOWER
Alcohol/Drug Prevention and
Education Program
9500 Artesia Blvd.
Bellflower, CA 90706
(310) 920-7227 X38

The American Indian Clinic
9500 Artesia Blvd.
Bellflower, CA 90706
(310) 920-7227

CERRITOS
American Indian Counseling Center
Los Angeles County
Department of Mental Health
17707 Studebaker Road
Cerritos, CA 90701
(310) 402-0677

COMPTON
American Indian Clinic
Main Artery Alcoholism Program
1330 S. Long Beach Blvd.
Compton, CA 90221
(213) 537-0103/979-3774

GARDEN GROVE
Southern California Indian Center
12755 Brookhurst Street
Garden Grove, CA 92640
(714) 530-0221

LONG BEACH
American Indian Eagle Lodge
824 Atlantic Avenue
Long Beach, CA 90813
(310) 436-3991

Native American Advocacy Center
507 Pacific Avenue
Long Beach, CA 90813
(310) 983-9828

LOS ANGELES
American Indian Children and
Youth Counseling Services
245 Fetterly Avenue
Los Angeles, CA 90022
(213) 780-2316

Indian Alcoholism Commission
of Los Angeles County
225 West 8th Street, #320
Los Angeles, CA 90014
(213) 622-3424

L.A. City/County Native
American Indian Commission
500 West Temple Street, Room 780
Los Angeles, CA 90012
(213) 974-7554

United American Indian Involvement
118 Winston Street
Los Angeles, CA 90013
(213) 625-2565/625-2521

NEEDLES
Ft. Mojave Indian Health
500 Merriman
Needles, CA 92363
(619) 362-4591

OXNARD
Candelaria American Indian Council
2635 Wagon Wheel Road
Oxnard, CA 93030
(805) 983-0488

PAUMA VALLEY
Indian Health Council, Inc.
P.O.B. 406
Pauma Valley, CA 92061
(619) 749-1410

RIVERSIDE
Riverside American Indian Center
2060 University
Riverside, CA 92507
(714) 682-1637

SAN BERNARDINO
Inland Area Native American Assoc.
459 W. 4th Street
San Bernardino, CA 92401
(714) 889-2444

SAN DIEGO
American Indian Human Resources
4040 30th Street, Suite A
San Diego, CA 92104
(619) 281-5964

American Indian Health Center
2561 First Avenue
San Diego, CA 92103
(619) 234-2158

SANTA YNEZ
Santa Ynez Indian Health
P.O.B. 517
Santa Ynez, CA 93460
(805) 688-7997

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[1] From the Los Angeles City/County Native American Indian Commission, 1993, CDBG Funding Proposal

[2] Fact Sheet from the Indian Alcoholism Commission of L.A. County, Inc., compiled by Robert Sundance (undated).

[3] Ibid.

[4] Ibid.

[5] Dave Rambeau, Director, United American Indian Involvement.

[6] John Funmaker, American Indian Eagle Lodge, Long Beach, CA.